



The Plight of the Iraq War Veterans: Vietnam All Over Again?

James A. Thur, MSW, MPH

Capt. USNR (Ret.)

APHA Conference

Nov. 5, 2007

Vietnam and OEF/OIF

- Vietnam era veterans, and some from other conflicts as well, did not receive adequate care and benefits. *Let's avoid a repetition!*
- Focus should be on providing proper care for our veterans and avoiding even further collapse of our nation's health care system.
- State and local providers of health care are the safety net and will be expected to serve an increasing number of veterans.
- Know the jargon!
 OEF – Operation Enduring Freedom (Afghanistan) **OIF** – Operation Iraqi Freedom

Numerous Reports Documented Issues

- Report of the President's Task Force on Returning Global War on Terror Heroes (April 19, 2007)
www1.va.gov/taskforce
- "An Achievable Vision: Report of the Department of Defense Task Force on Mental Health" (June 2007)
www.ha.osd.mil/dhb/mhtf/MHTF-Report-Final.pdf
- The Secretary of Defense response to the MH study (Sept. 2007): www.ha.osd.mil/asd/downloads/MHTF-Report-to-Congress.pdf
- The President's Commission on Care for America's Returning Wounded Warriors "Serve, Support, Simplify" (July 25, 2007)
www.pccww.gov/docs/Kit/Main_Book_CC%5bJULY26%5d.pdf

Some commonly identified problems

- Widespread stigma blocking early identification of problems
- Complex processes for determining eligibility for DoD and VA benefits
- Need to improve screening pre and post deployment and to properly track results
- Inadequate service capacity in DoD and VA as well as in their provider network
- Major gaps between DoD and VA systems especially in transfer of health information
- Tricare reimbursement rates for providers is inadequate
- Guard and Reserve members are frequently isolated from DoD and VA services
- Families generally not eligible for service

Some statistics!

- Total number of service members deployed – about 1,500,000 (15% female)
- Percent reporting mental health symptoms to health care providers: Active Duty – 56%, Reserves – 60%, Retired or Separated - 76%
- 25% of OEF/OIF veterans seen by the VA have a mental health diagnosis
- OEF/OIF veterans: 11% of males and 17% of females sought care from VA
- Male veterans are twice as likely to commit suicide as non-veterans
- About 25% of single homeless persons have served in the armed forces
- Families also suffer from the stress of long and repeated deployments resulting in marital discord, domestic violence, etc.

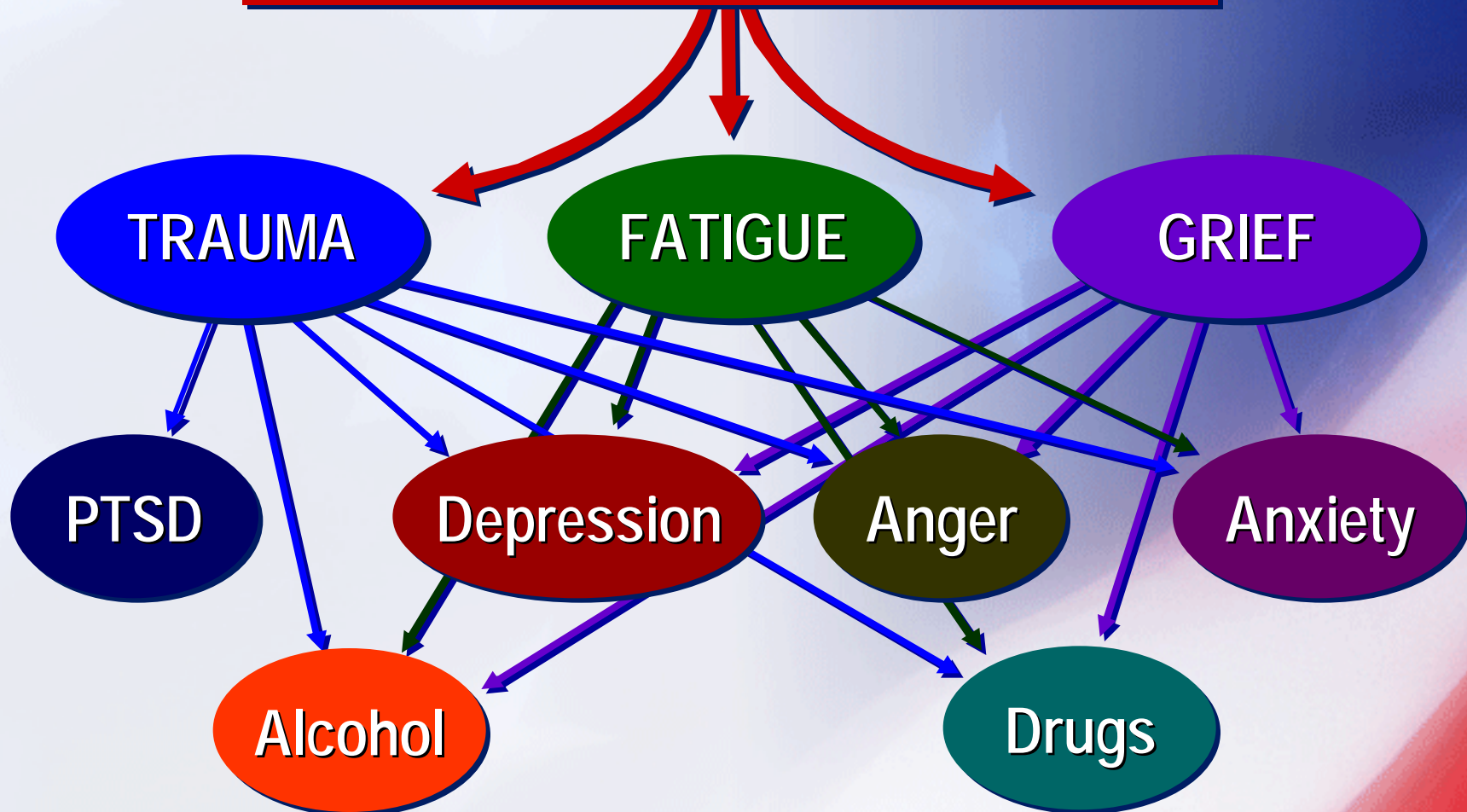
VA Statistics

- Terrific data at VA website www1.va.gov.vetdata
- Quiz:
 - Number of veterans compensated by VA for PTSD?
 - Five states with the highest number of veterans in 2007?
 - Five states with the highest number of veterans in 2030?
 - The largest number of living veterans are from which war?

Prepared by
Capt. William Nash,
MC, USN
HQ, Marine Corps

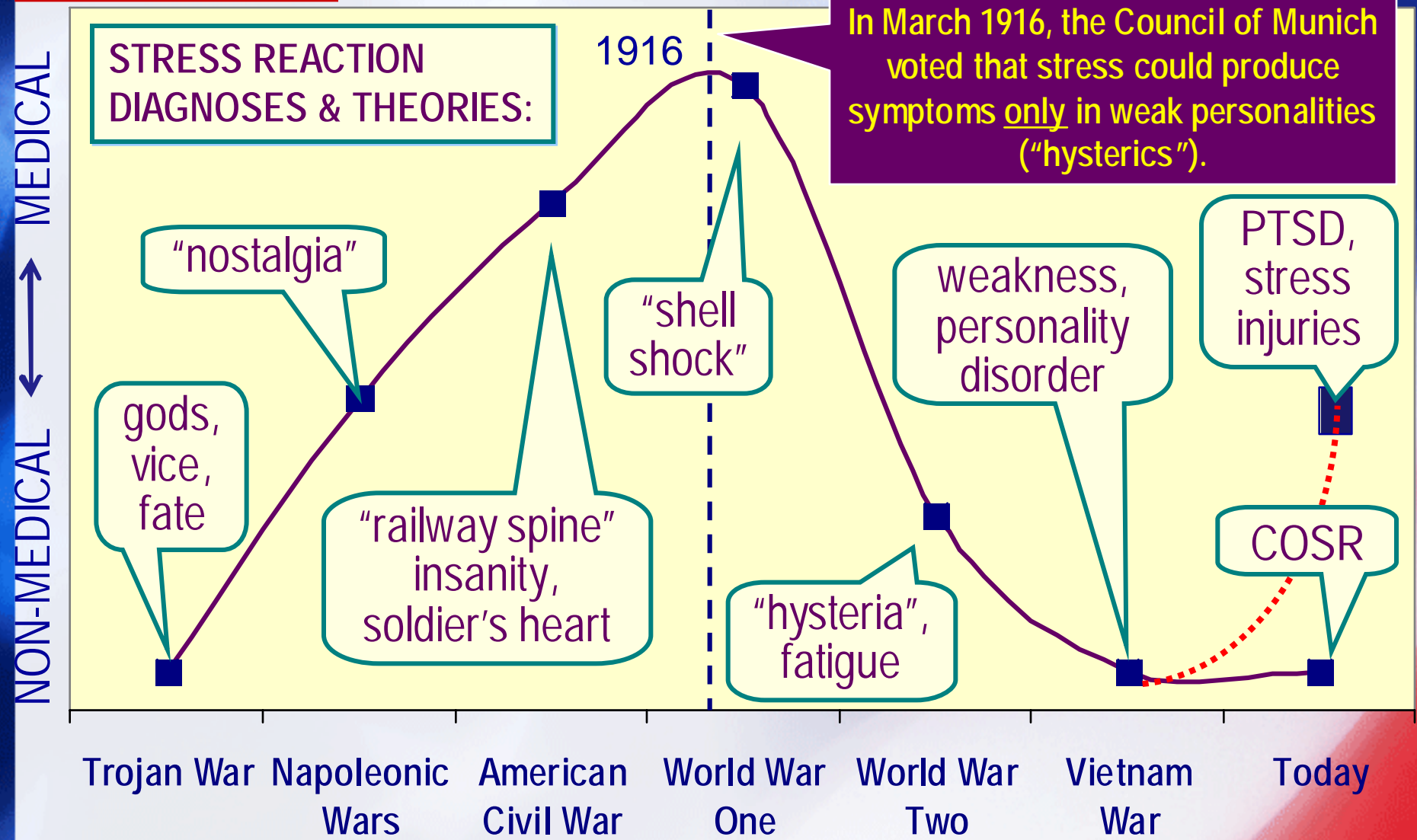
A Few Stress Injury Types, Many Possible Mental Health Problems

Combat / Operational Stress



Prepared by
Capt. William Nash,
MC, USN
HQ, Marine Corps

Since WWI, We Have Blamed Warfighters For Their Own Stress Problems

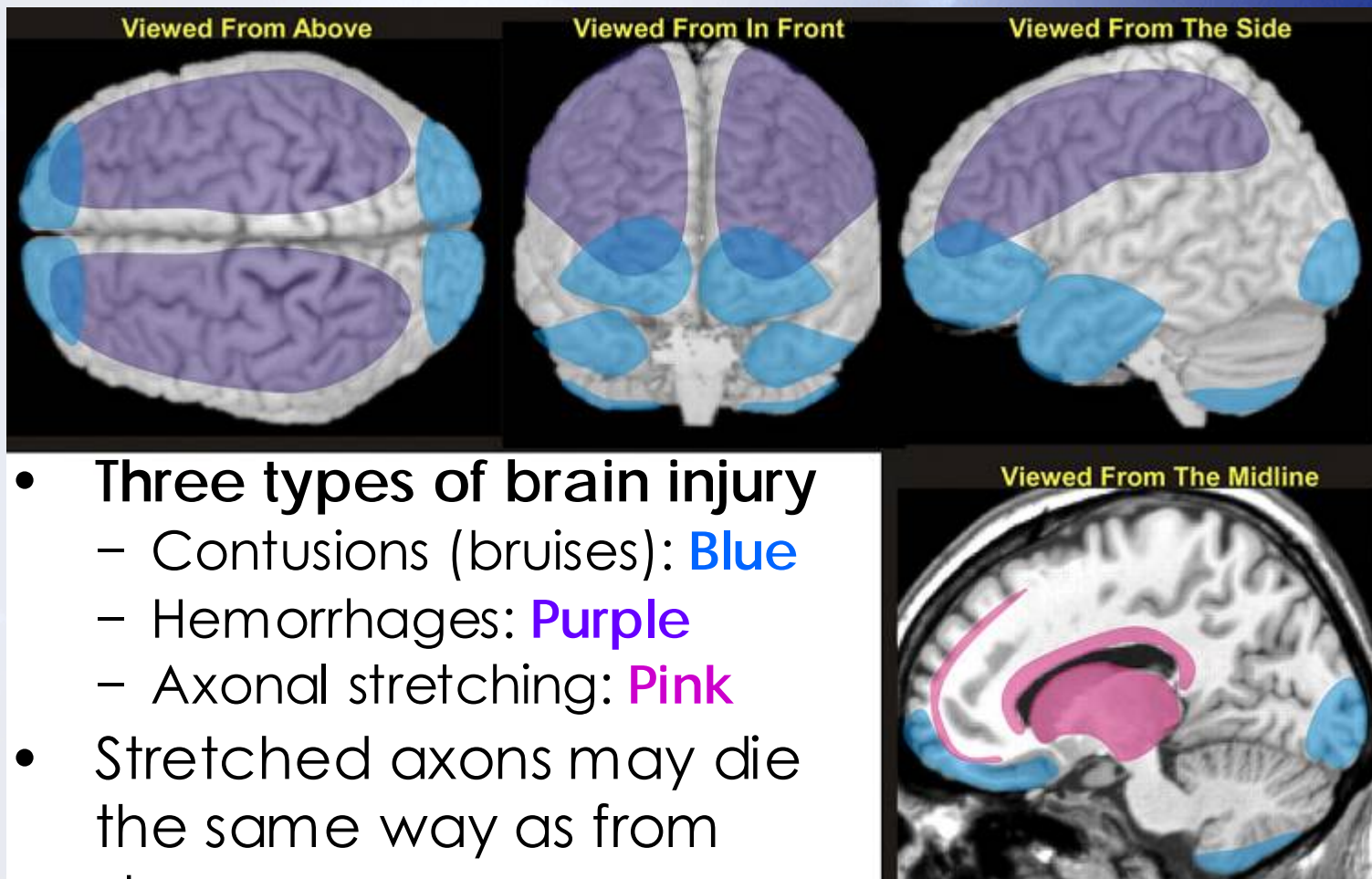


Stigma: A Major Obstacle

- A triple threat especially for those with TBI/PTSD, mental health problems or substance addiction
 - Community imposed: a national concern
 - Military imposed: varied history of acceptance (see following slide)
 - Self imposed: As a result of communitywide misunderstanding of behavioral health disorders and a military culture that reinforces denial of injuries, especially mental disorders

Prepared by
Capt. William Nash,
MC, USN
HQ, Marine Corps

Traumatic Brain Injury (TBI) Damages Same Deep Brain Centers as Stress Injuries

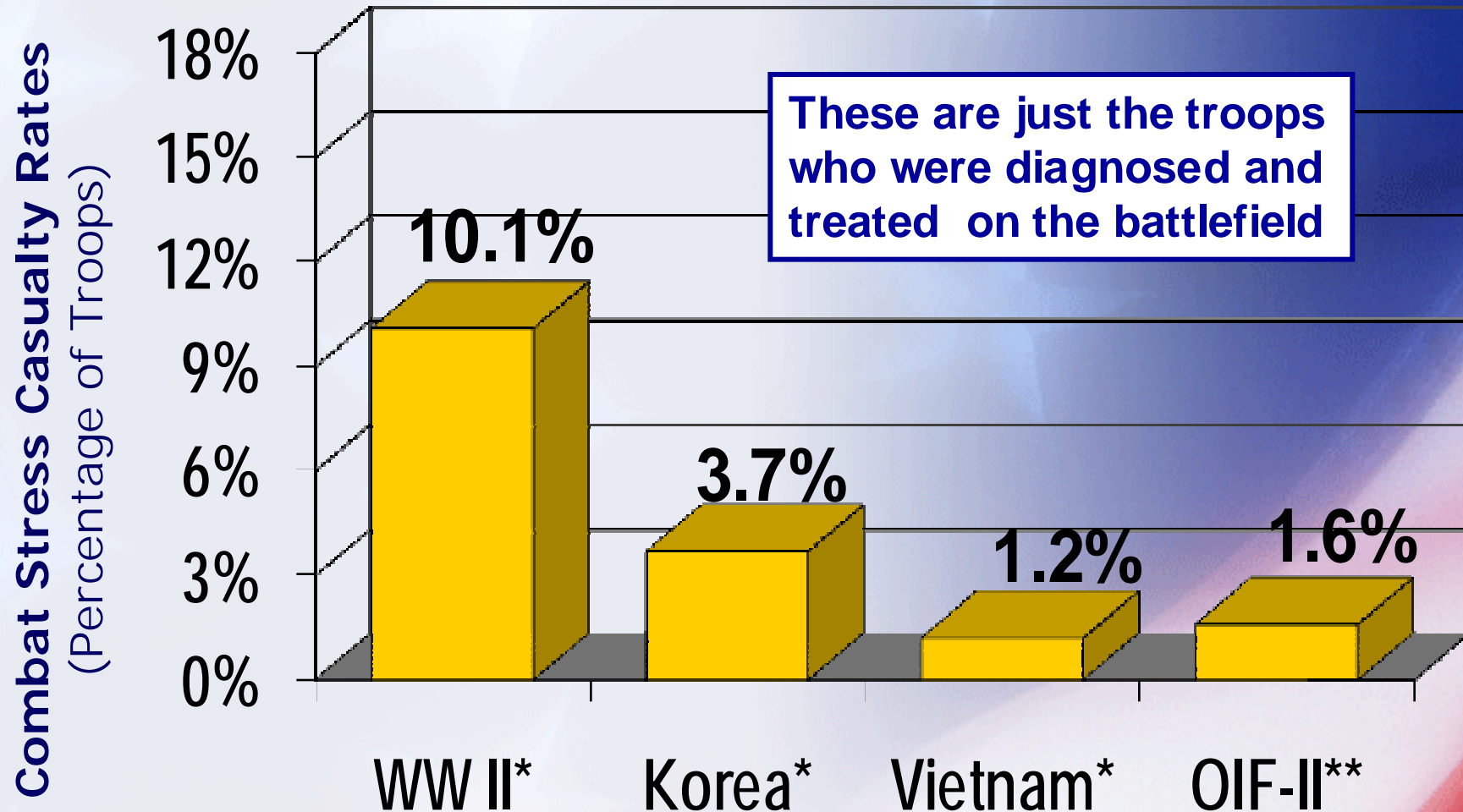


- **Three types of brain injury**
 - Contusions (bruises): **Blue**
 - Hemorrhages: **Purple**
 - Axonal stretching: **Pink**
- Stretched axons may die the same way as from stress

Taber, Warden, & Hurley 2006

Prepared by
Capt. William Nash,
MC, USN
HQ, Marine Corps

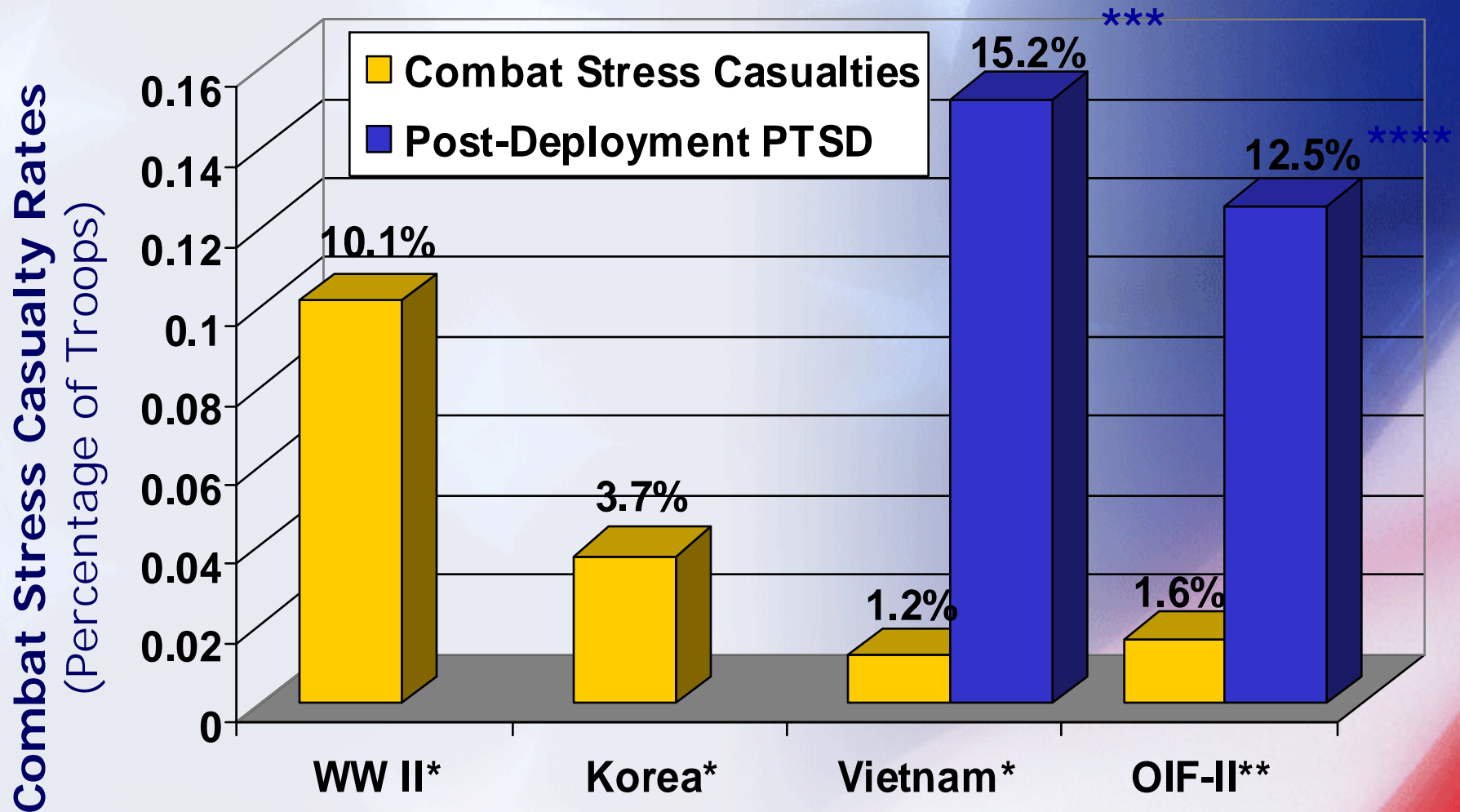
Seeing Stress as Weakness Has Discouraged Stress Casualties



* All U.S. Forces; **I MEF only

Prepared by
Capt. William Nash,
MC, USN
HQ, Marine Corps

But It Hasn't Prevented Post-Deployment PTSD



*** National Vietnam Veterans Readjustment Study, 1988; **** Hoge, 2004

Some common recommendations

- Provide DoD and VA with adequate resources to properly serve military personnel and their families
- Improve diagnosis and treatment of TBI and PTSD
- Develop a system of co-management that facilitates transition from DoD to VA
- Strengthen case management and establish integrated care teams
- Improve the integration of physical and behavioral health care
- Strengthen family support and include family members in Patient-Centered Recovery Plans
- Improve Tricare rates and provider network

Special concern

- “(Mental health) Care must be provided by professionals familiar with military life.”
(DoD Task Force on Mental Health)
 - The military culture is unique and each service is unique.
 - Members of the Guard and Reserve and their families frequently lack a support network similar to that found on a post or base.
 - There is already an existing shortage of MH professionals.

Seamless Transition

DoD to VA

August 2003 The Office of Seamless Transition was established

- Improve collaboration between the Veterans Affairs Health Administration, the Veterans Benefits Administration and the Department of Defense.
- “No wrong door”

Polytrauma System of Care

- Military Treatment Facility
- Polytrauma Regional Center
 - In-Patient Rehabilitation
- Transitional Rehabilitation
 - In-Patient Transitional Rehabilitation
- Polytrauma Network Site
 - Outpatient Rehabilitation
- Polytrauma Support Clinic Teams
 - Local Rehabilitation
- Polytrauma Points of Contact

Polytrauma System of Care

- Polytrauma Regional Center
 - The mission is to provide comprehensive inpatient rehabilitation services for individuals with complex cognitive, physical and mental health sequelae of severe and disabling trauma and provide support to their families
 - Majority of referrals come from the military
 - Locations
 - Richmond, Virginia
 - Tampa, Florida
 - Palo Alto, California
 - Minneapolis, Minnesota

Polytrauma System of Care

- Polytrauma Network Site
 - The mission of the network site is to manage the life long specialized rehabilitation needs of active duty members and veterans with polytraumatic injuries
 - Provide specialized post-acute rehabilitation in an outpatient setting closer to the patients home
 - Provide proactive case management for new and existing conditions
 - Located at each VISN Nationally

VA Initiatives

- Suicide Coordinator
 - National suicide hotline
800-273-TALK (8255)
 - Suicidal patient listing
 - Suicidal awareness training

VA Initiatives

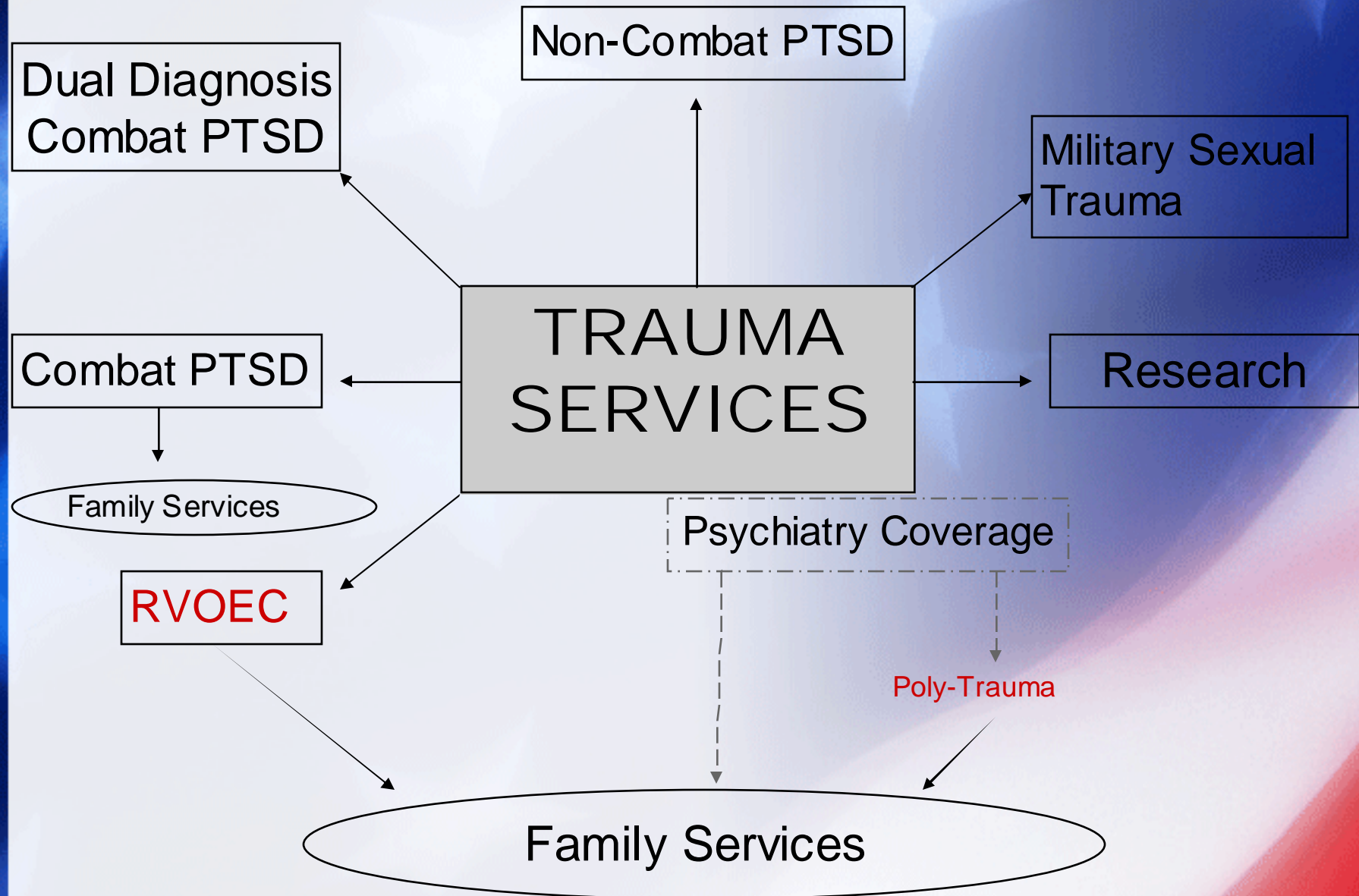
- TBI screening for all returning troops
 - Primary Care
 - Outreach
 - PDHRAs
 - Units
- Positive Blast Screenings
 - Full Evaluations performed by the Polytrauma Network Sites


VA Initiatives

Returning Veterans Outreach Education and Care Clinic (RVOEC)

- Provides:
 - Coordination of care for the OIF/OEF Veterans
 - Outreach
 - PDHRAs
 - Screening of all Service members for PTSD, depression, medical, blast exposure, alcohol abuse
 - Enrollment in VA Health Care System
 - Unit Visits
 - Community Visits
 - In Reach
 - Training to Hospital Staff


Proposed Richmond's VAMC's Model for Mental Health Treatment



The background of the slide is a stylized American flag. The top half is a solid blue field with white stars. The bottom half is a white field with red stripes. The stars and stripes are slightly blurred and have a soft glow.

**“Making the significant
improvements we recommend
requires *a sense of urgency* and
strong leadership.”**

President's Commission on Care for America's
Returning Wounded Warriors

The background of the slide is a stylized American flag. The top half features a dark blue field with white stars, while the bottom half shows the red and white stripes of the flag, with the red stripe visible in the bottom right corner.

For further information, contact:
James A. Thur, MSW, MPH
jthur2@fairfaxcounty.gov
703-324-7015